

EXHIBIT C

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
 CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region: Log #:

Category:

20-8563

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

NICKERSON, MICHAEL

CDC Number:

F-77522

Unit/Cell Number:

SN-661A0

Assignment:

PATTER, CALIF

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

GENERAL HEALTH CONCERNS

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): AS OF MAY 31

NO CASES OF COVID-19 WERE FOUND AND NOW THERE IS CLOSER
TO 500 DUE TO INTAKE FROM CHINO PRISON, THE PROBLEM IS
THE GOVERNOR SAID NO TRANSFERS UNTIL PANDEMIS IS OVERB. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD
LIKE TO BE GIVEN ADEQUATE PROTECTIVE GEAR
SUCH AS NEW MASKS, GLOVES, HAND SANITIZER MORE
THAN 2 SHOWERS PER WEEK, SOME FORM OF OUTSIDE

Supporting Documents: Refer to CCR 3084.3.

 Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

 No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: Michael V. Nickerson Date Submitted: 6-20-24

 By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.
 Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
 Cancelled (See attached letter) Date: _____
 Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
 (Print Name)Reviewer: _____ Title: _____ Signature: _____
 (Print Name)

Date received by AC: _____

AC Use Only
 Date mailed/delivered to appellant _____ / _____ / _____

STAFF USE ONLY

INMATE APPEALS OFFICE

CALIFORNIA STATE PRISON

SAN QUENTIN, CA 94964

JUN 25 2024

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
 CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only

Staff – Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

By-passed at Second Level of Review. Go to Section G.
 Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
 Cancelled (See attached letter)
 Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
 (Print Name)

Reviewer: _____ Title: _____ Signature: _____
 (Print Name)

Date received by AC: _____

AC Use Only
 Date mailed/delivered to appellant _____ / _____ / _____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
 Cancelled (See attached letter) Date: _____
 Accepted at the Third Level of Review. Your appeal issue is Granted Granted in Part Denied Other: _____
 See attached Third Level response.

Third Level Use Only
 Date mailed/delivered to appellant _____ / _____ / _____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

20-85463

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
NICKERSON, MICHAEL	FT7522	SN-4609	PATTER COVE
<p>A. Continuation of CDCR 602, Section A only (Explain your issue): AS A NON VIOLENT 3RD STRIKER I'M NOW FACING A POSSIBLE DEATH SENTENCE DUE TO DELIBERATE INDIFERENCE FROM STAFF. THERE IS NO WAY TO SOCIAL DISTANCE, NO ADEQUATE SUPPLIES AND THE MORE FAIR I'M BANGED UP IN A CONFINED SPACE IN A NATIONAL PANDEMIC WITH COMMUNAL FEEDING IS HARM CAUSED BY CDC. THIS SITUATION HAS CAUSED ME TO BE DEPRESSED, ANXIOUS IN HAVING PROBLEMS SLEEPING, SHOWERS ARE TOO INFREQUENT AND EXERCISE IN THIS CONFINED SPACE IS ALL BUT IMPOSSIBLE. THERE IS A LACK OF INFORMATION, LACK OF CLINICAL PROGRAMMING, OUT OF CELL ACTIVITIES AND SOCIAL ISOLATION DOESN'T HELP. AND IF AN INMATE TESTS POSITIVE OR HAS SYMPTOMS INSTEAD OF HELP OR HOSPITALIZATION THEY ARE SENT TO AD SEC OR MORE ISOLATION LIKE BEING PUNISHED SO MOST TRY TO HIDE IF THEY ARE SICK</p>			
Inmate/Parolee Signature:		Date Submitted: 10-24-20	

STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): RECREATION, A REDUCTION OF THE POPULATION TO ADEQUATE SOCIAL DISTANCE, A BETTER WAY OF HANDLING THOSE WHO TEST POSITIVE OR HAVE HIGH TEMPERATURE AND A RELEASE FROM THE PRISON INDUSTRIAL COMPLEX BEFORE I'M SENTENCED TO THE DEATH PENALTY (COVID-19)

Inmate/Parolee Signature: Michael V. Nickerson Date Submitted: 6-24-20

**STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: _____ Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): _____

Inmate/Parolee Signature: _____ **Date Submitted:** _____



CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Offender Name: NICKERSON, MICHAEL V.

CDC#: F77522

Date: 06/25/2020

Current Location: SQ-Facility A

Current Area/Bed: A NB 5066001

From: Office of Grievances at San Quentin State Prison

Re: Log # 000000008563

The California Department of Corrections and Rehabilitation Office of Grievances at San Quentin State Prison received your grievance on 06/25/2020. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 08/25/2020.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

Once you receive a response and if you are dissatisfied with the decision(s), you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: NICKERSON, MICHAEL VAUGHN

Date: 08/21/2020

CDC#: F77522

Current Location: SQ-Facility A

Current Area/Bed: A NB 5 - 066001L

Log #: 00000008563

Claim #: 001

Institution/Parole Region of Origin: San Quentin State Prison

Facility/Parole District of Origin: SQ-Facility A

Housing Area/Parole Unit of Origin: A NB 5

Category: COVID-19

Sub-Category: Additional PPE

I. CLAIM

You are requesting to be give adequate protective gear such as masks, gloves, and hand sanitizer. You are also requesting more than two (2) showers per week and some form of outside recreation. You are also requesting a reduction in the Prison Population to allow for better social distancing, and a better way of handling those who have a high fever or test positive for COVID-19. You are also requesting a release from the Prison Industrial Complex.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

California Code of Regulations (CCR), Title 15Section 3044 Inmate Work Groups and Privilege GroupsSection 3084.1. Right to AppealSection 3269 Inmate Housing AssignmentsCalifornia Department of Corrections Operational Manual (DOM) Chapter 5 Adult Custody and Security OperationsArticle 16 Inmate Count and MovementArticle 39 IW/TIPArticle 53 Inmate/Parolee AppealsCalifornia Penal CodeGovernment Code 8658

B. DOCUMENTS CONSIDERED

PSR SQ-III-20-015

III. REASONING AND DECISION

This appeal is denied. The California Department of Corrections and Rehabilitation (CDCR), Office of Appeals at San Quentin State Prison received your Form 602 on June 25, 2020. Your correspondence relates specifically to CDCR's efforts to address the COVID-19 pandemic. CDCR understands the risks that the COVID-19 pandemic presents to CDCR inmates, staff, and volunteers. In light of these risks, CDCR has taken the following steps, in an effort to protect the inmate population: mandatory health screening before entering CDCR facilities; additional deep cleaning efforts; increased supply of disinfectants, soap, hand sanitizer, and personal protective equipment; limitations and suspensions of inmate transfers and movements; quarantine protocols; cancelling visiting at CDCR facilities until further notice; and many other steps depending on your location. As for your specific concern that you be given adequate protective gear such as masks, gloves, and hand sanitizer, All of those items (masks, gloves and hand sanitizer) have been and are being provided to the inmate population. Masks are exchanged at desk on a one for one basis, and gloves are issued as requested from staff. As for your request for more than two (2) showers per week, Per the Program Status Report (PSR) showers and Yard are ran every other day on a rotational basis with other units(refer to PSR Schedule). San Quentin is currently paroling inmates as well as adding additional temporary bed space to allow for social distancing per Center for Disease Control (CDC) guidelines. CDCR is continually testing the inmate population. As for your immediate release, Under Government Code 8658, Secretary Diaz has the authority to direct the release of inmates who CDCR staff have determined do not present a risk of public safety, given these emergent circumstances. Currently, as of April 1, 2020, CDCR inmates may be released, under this authority, if they satisfy, all, of the following criteria:1.have 60 days or less remaining on their sentences (as of

March 30, 2020); and2.are not serving a current term of incarceration for a violent felony offense as defined by Penal Code 667.5(c); and3.are not required to register under Penal Code 290; and4.are not serving a current term of incarceration for a domestic violence offense. This means that you must be able to answer "yes" to each of the four questions below and all four must be answered yes, or you are not eligible for release under the Secretary's emergency authority. 1.Do you have 60 days or less remaining on your sentence as of March 30, 2020?2.Are you currently serving a term for a non-violent felony? If you are serving a current term of incarceration for a violent felony offense as defined by Penal Code 667.5(c) you are not eligible.3.Are not required to register under Penal Code 290?4.Are not serving a current term of incarceration for a domestic violence offense? You have to answer 'yes' to all of these questions in order to be eligible for release under the current emergency authority issued in the April 1, 2020 memorandum discussed above. Even if you do answer yes, but you have an active hold, warrant, detainer, or pending serious rules violation report, you may be deemed ineligible for release. There are many factors that contribute to the overall risk of contracting COVID-19. The Department is doing its best to mitigate all those risks in close collaboration with the medical experts working for the Federal Receiver's Office. Furthermore, we will continue to work with all of our health care partners across the Department, throughout the State, and with the Federal Government to create a safe environment for all in our institutions.If you believe you are sick, you should request to see a medical provider. If you are in need of more cleaning supplies, please talk with the correctional supervisor on duty or your correctional counselor.

Decision: Disapproved

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to DISAPPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Staff Signature	Title	Date/Time
J. Bishop [BIJA002]	CDW(A)	08/20/2020